

Fill in this information to identify the case:

United States Bankruptcy Court for the:

____ District of Nevada
(State)Case number (if known): _____ Chapter 7☐ Check if this is an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

06/22

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name Zomer, LLC

2. All other names debtor used in the last 8 years DBA Minions Construction

Include any assumed names, trade names, and *doing business* as names

3. Debtor's federal Employer Identification Number (EIN) 47 - 4686667

4. Debtor's address	Principal place of business	Mailing address, if different from principal place of business
	<u>1940 Canvas Edge Dr</u>	
	Number Street	Number Street
		<u>PO BOX 778367</u>
		P.O. Box
	<u>Henderson NV 89044</u>	<u>Henderson NV 89077</u>
	City State ZIP Code	City State ZIP Code
	<u>Clark</u>	Location of principal assets, if different from principal place of business
	County	
		Number Street
		City State ZIP Code

5. Debtor's website (URL) minionsconstruction.com

Debtor

Zomer LLC
Name

Case number (if known) _____

6. Type of debtor

- ☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))
- ☐ Partnership (excluding LLP)
- ☐ Other. Specify: _____

7. Describe debtor's business

A. Check one:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☒ None of the above

B. Check all that apply:

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

- ☒ Chapter 7
- ☐ Chapter 9
- ☐ Chapter 11. Check all that apply:

A debtor who is a "small business debtor" must check the first sub-box. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box.

- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, and it chooses to proceed under Subchapter V of Chapter 11. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

Debtor Zomer LLC Case number (if known) _____
 Name _____

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

☒ No

☐ Yes. District _____ When _____ Case number _____
 MM / DD / YYYY

If more than 2 cases, attach a separate list.

District _____ When _____ Case number _____
 MM / DD / YYYY

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

☒ No

☐ Yes. Debtor _____ Relationship _____

District _____ When _____
 MM / DD / YYYY

List all cases. If more than 1, attach a separate list.

Case number, if known _____

11. Why is the case filed in this district?

Check all that apply:

☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.

☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

☒ No

☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? _____

☐ It needs to be physically secured or protected from the weather.

☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

☐ Other _____

Where is the property?

Number _____ Street _____

City _____ State ZIP Code _____

Is the property insured?

☐ No

☐ Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information

Debtor

Zomer LLC

Name

Case number (if known)

13. Debtor's estimation of available funds

Check one:

- ☐ Funds will be available for distribution to unsecured creditors.
- ☒ After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

14. Estimated number of creditors

- ☒ 1-49
- ☐ 50-99
- ☐ 100-199
- ☐ 200-999

- ☐ 1,000-5,000
- ☐ 5,001-10,000
- ☐ 10,001-25,000

- ☐ 25,001-50,000
- ☐ 50,001-100,000
- ☐ More than 100,000

15. Estimated assets

- ☐ \$0-\$50,000
- ☐ \$50,001-\$100,000
- ☐ \$100,001-\$500,000
- ☒ \$500,001-\$1 million

- ☐ \$1,000,001-\$10 million
- ☐ \$10,000,001-\$50 million
- ☐ \$50,000,001-\$100 million
- ☐ \$100,000,001-\$500 million

- ☐ \$500,000,001-\$1 billion
- ☐ \$1,000,000,001-\$10 billion
- ☐ \$10,000,000,001-\$50 billion
- ☐ More than \$50 billion

16. Estimated liabilities

- ☐ \$0-\$50,000
- ☐ \$50,001-\$100,000
- ☒ \$100,001-\$500,000
- ☐ \$500,001-\$1 million

- ☐ \$1,000,001-\$10 million
- ☐ \$10,000,001-\$50 million
- ☐ \$50,000,001-\$100 million
- ☐ \$100,000,001-\$500 million

- ☐ \$500,000,001-\$1 billion
- ☐ \$1,000,000,001-\$10 billion
- ☐ \$10,000,000,001-\$50 billion
- ☐ More than \$50 billion

Request for Relief, Declaration, and Signatures

WARNING — Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 6/21/2024
MM / DD / YYYY

x

Signature of authorized representative of debtor

Title Manager

Zsolt Szorenyi

Printed name

Debtor

Name

Case number (if known)

18. Signature of attorney

X

Signature of attorney for debtor

Date

MM / DD / YYYY

Printed name

Firm name

Number Street

City

State

ZIP Code

Contact phone

Email address

Bar number

State

Fill in this information to identify the case:

Debtor name Zomer LLC

United States Bankruptcy Court for the: District of Nevada District of Nevada
(State)

Case number (if known): _____

☐ Check if this is an amended filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets1. **Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)

1a. Real property: Copy line 88 from <i>Schedule A/B</i>	\$ 1,035,000.00
1b. Total personal property: Copy line 91A from <i>Schedule A/B</i>	\$ 118,110.00
1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>	\$ 1,153,110.00

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i>	\$ 96,295.69
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)	
3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>	\$ 0.00
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>	+ \$ 400,000.66
4. Total liabilities Lines 2 + 3a + 3b	\$ 496,296.35

Fill in this information to identify the case:Debtor name Zomer LLCUnited States Bankruptcy Court for the: District of Nevada District of NV
(State)

Case number (if known): _____

☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets — Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****2. Cash on hand**\$ 0.00**3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. ChaseChecking7 5 1 8\$ 0.003.2. ChaseChecking7 3 2 3\$ 382.13**4. Other cash equivalents (Identify all)**

4.1. _____

\$ _____

4.2. _____

\$ _____

5. Total of Part 1

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$ 382.13**Part 2: Deposits and prepayments****6. Does the debtor have any deposits or prepayments?**

- ☒ No. Go to Part 3.
☐ Yes. Fill in the information below.

Current value of debtor's interest**7. Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit

7.1. _____

\$ _____

7.2. _____

\$ _____

Debtor

Zomer LLC

Name

Case number (if known)

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description, including name of holder of prepayment

8.1. _____ \$ _____

8.2. _____ \$ _____

9. Total of Part 2.

Add lines 7 through 8. Copy the total to line 81.

\$ _____

Part 3: Accounts receivable**10. Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.
- ☒ Yes. Fill in the information below.

Current value of debtor's interest

11. Accounts receivable

11a. 90 days old or less: 6,215.00 - 0.00 = → \$ 6,215.00
 face amount doubtful or uncollectible accounts

11b. Over 90 days old: _____ - _____ = → \$ _____
 face amount doubtful or uncollectible accounts

12. Total of Part 3

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$ 6,215.00**Part 4: Investments****13. Does the debtor own any investments?**

- ☒ No. Go to Part 5.
- ☐ Yes. Fill in the information below.

Valuation method
used for current valueCurrent value of debtor's
interest**14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock:

14.1. _____ \$ _____

14.2. _____ \$ _____

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

Name of entity:

% of ownership:

15.1. _____ % _____ \$ _____

15.2. _____ % _____ \$ _____

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

Describe:

16.1. _____ \$ _____

16.2. _____ \$ _____

17. Total of Part 4

Add lines 14 through 16. Copy the total to line 83.

\$ _____

Debtor

Zomer LLC

Name

Case number (if known)

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☐ No. Go to Part 6.
- ☒ Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials	MM / DD / YYYY	\$		\$
20. Work in progress	MM / DD / YYYY	\$		\$
21. Finished goods, including goods held for resale	MM / DD / YYYY	\$		\$
22. Other inventory or supplies Tools and Equipment	05/24/2024 MM / DD / YYYY	\$ 0.00	Appraisal	\$ 6,580.00
23. Total of Part 5				\$ 6,580.00

Add lines 19 through 22. Copy the total to line 84.

24. Is any of the property listed in Part 5 perishable?

- ☒ No
- ☐ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- ☒ No
- ☐ Yes. Book value _____ Valuation method _____ Current value _____

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- ☒ No
- ☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.
- ☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops—either planted or harvested	\$		\$
29. Farm animals <i>Examples:</i> Livestock, poultry, farm-raised fish	\$		\$
30. Farm machinery and equipment (Other than titled motor vehicles)	\$		\$
31. Farm and fishing supplies, chemicals, and feed	\$		\$
32. Other farming and fishing-related property not already listed in Part 6	\$		\$

Debtor

Zomer LLC

Name

Case number (if known)

33. Total of Part 6.

Add lines 28 through 32. Copy the total to line 85.

\$

34. Is the debtor a member of an agricultural cooperative?☐ No☐ Yes. Is any of the debtor's property stored at the cooperative?☐ No☐ Yes**35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?**☐ No☐ Yes. Book value \$ Valuation method Current value \$**36. Is a depreciation schedule available for any of the property listed in Part 6?**☐ No☐ Yes**37. Has any of the property listed in Part 6 been appraised by a professional within the last year?**☐ No☐ Yes**Part 7: Office furniture, fixtures, and equipment; and collectibles** 104,700.00**38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**☐ No. Go to Part 8.☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture Furniture and computers	\$ 0.00	Appraisal	\$ 615
40. Office fixtures _____	\$ _____	_____	\$ _____
41. Office equipment, including all computer equipment and communication systems equipment and software _____	\$ _____	_____	\$ _____
42. Collectibles <i>Examples:</i> Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
42.1 _____	\$ _____	_____	\$ _____
42.2 _____	\$ _____	_____	\$ _____
42.3 _____	\$ _____	_____	\$ _____

43. Total of Part 7.

Add lines 39 through 42. Copy the total to line 86.

\$

44. Is a depreciation schedule available for any of the property listed in Part 7?☒ No☐ Yes**45. Has any of the property listed in Part 7 been appraised by a professional within the last year?**☒ No☐ Yes

Debtor

Zomer LLC
Name

Case number (if known)

Part 8: Machinery, equipment, and vehicles**46. Does the debtor own or lease any machinery, equipment, or vehicles?**

- ☐ No. Go to Part 9.
- ☒ Yes. Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
See Ex. Appraisal 2013 LGS Industries 14' 2 axle Box Trailer #53BTS1429DF004514	\$ 0.00	Appraisal	\$ 2,500.00
See ex. Appraisal 2018 Mercedes Benz Metris Cargo Van #WD3PG2EA4J3416232 (95,000 miles)	\$ 0.00	Appraisal	\$ 11,700.00
See Ex. Appraiser email 2018 Mercedes Benz Metris Conversion Van #WD\$PG2EE4J3420036 (85,000 miles)	\$ 0.00	Appraisal	\$ 25,500.00
Not company owned 2022 Chevrolet Corvette C8 3LT Z51 #1G1YC2D47N5100246	\$ 0.00	Self evaluation	\$ 65,000.00

48. Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

48.1 \$ _____

48.2 \$ _____

49. Aircraft and accessories

49.1 \$ _____

49.2 \$ _____

50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)

\$ _____

51. Total of Part 8.

Add lines 47 through 50. Copy the total to line 87.

\$ 104,700.00**52. Is a depreciation schedule available for any of the property listed in Part 8?**

- ☒ No
- ☐ Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- ☐ No
- ☒ Yes

Debtor

Zomer LLC

Name

Case number (if known)

Part 9: Real property

54. Does the debtor own or lease any real property?

- ☐ No. Go to Part 10.
- ☒ Yes. Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1 Stor-It Storage 1940 Canvas Edge Dr Henderson NV 89044	Lease of space	\$ 0.00	Self evaluation	\$ 325.00/month expense
55.2 APN 191-11-816-029 owned by members	Owner	\$ 0.00	Self evaluation	\$ \$850,000.00
2 bedrooms condo at Woodlands Panama Pacifico	Owner	\$ 0.00	Self evaluation	\$ 185,000.00
55.3 Panama City Panama, Tower 4 Apt 210 Owned by owners				
55.4		\$		\$
55.5		\$		\$
55.6		\$		\$

56. Total of Part 9.

\$ 1,035,000.00

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

57. Is a depreciation schedule available for any of the property listed in Part 9?

- ☒ No
- ☐ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- ☒ No
- ☐ Yes

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

- ☒ No. Go to Part 11.
- ☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets	\$		\$
61. Internet domain names and websites	\$		\$
62. Licenses, franchises, and royalties	\$		\$
63. Customer lists, mailing lists, or other compilations	\$		\$
64. Other intangibles, or intellectual property	\$		\$
65. Goodwill	\$		\$

66. Total of Part 10.

\$

Add lines 60 through 65. Copy the total to line 89.

Debtor

Zomer LLC
Name

Case number (if known)

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- ☐ No
☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☐ No
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☐ No
☐ Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☒ No. Go to Part 12.
☐ Yes. Fill in the information below.

Current value of
debtor's interest

71. Notes receivable

Description (include name of obligor)

_____	_____	_____	= →	\$ _____
	Total face amount	doubtful or uncollectible amount		
	104,700.00			

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

_____	Tax year _____	\$ _____
_____	Tax year _____	\$ _____
_____	Tax year _____	\$ _____

73. Interests in insurance policies or annuities

_____	\$ _____
-------	----------

74. Causes of action against third parties (whether or not a lawsuit has been filed)

_____	\$ _____
Nature of claim _____	
Amount requested \$ _____	

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

_____	\$ _____
Nature of claim _____	
Amount requested \$ _____	

76. Trusts, equitable or future interests in property

_____	\$ _____
-------	----------

77. Other property of any kind not already listed Examples: Season tickets, country club membership

_____	\$ _____
_____	\$ _____

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

\$ _____

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

- ☐ No
☐ Yes

Debtor

Zomer LLC

Name

Case number (if known)

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i>	\$ _____	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$ 0.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$ 6,215.00	
83. Investments. <i>Copy line 17, Part 4.</i>	\$ 0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$ 6,580.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$ 0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$ 615.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$ 104,700.00	
88. Real property. <i>Copy line 56, Part 9.</i>	→	\$ 1,035,000.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$ 0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$ 0.00	
91. Total. Add lines 80 through 90 for each column. 91a.	\$ 118,110.00	+ 91b. \$ 1,035,000.00
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.		\$ 1,153,110.00

Fill in this information to identify the case:

Debtor name _____
 United States Bankruptcy Court for the: _____ District of _____
 (State)
 Case number (if known): _____

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
☐ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A
Amount of claim
Do not deduct the value of collateral.

Column B
Value of collateral that supports this claim

2.1 Creditor's name

MB Financial Services

Describe debtor's property that is subject to a lien

See Ex. A/B 2018 Mercedes Benz Metris Cargo Van #WD3PG2EA4J3416232

\$ 1,913.06

\$ 11,700.00

Creditor's mailing address

Attn: Bankruptcy Dept/Managing Agent
 14372 Heritage Pkwy
 Fort Worth, TX 76177

Describe the lien

Creditor's email address, if known

Is the creditor an insider or related party?

- ☒ No
☐ Yes

Is anyone else liable on this claim?

- ☒ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

Date debt was incurred 7/20/2024

Last 4 digits of account number 7001

Do multiple creditors have an interest in the same property?

- ☒ No
☐ Yes. Specify each creditor, including this creditor, and its relative priority.

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

2.2 Creditor's name

MB Financial Services

Describe debtor's property that is subject to a lien

See Ex. A/B 2018 Mercedes Benz Metris Passenger Van #WD4PG2EE4J3420036

\$ 4,382.63

\$ 25,500.00

Creditor's mailing address

Attn: Bankruptcy Dept/Managing Agent
 14372 Heritage Pkwy
 Fort Worth, TX 76177

Describe the lien

Creditor's email address, if known

Is the creditor an insider or related party?

- ☒ No
☐ Yes

Is anyone else liable on this claim?

- ☒ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

Date debt was incurred 11/13/2018

Last 4 digits of account number 1001

Do multiple creditors have an interest in the same property?

- ☒ No
☐ Yes. Have you already specified the relative priority?
☐ No. Specify each creditor, including this creditor, and its relative priority.

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

- ☐ Yes. The relative priority of creditors is specified on lines _____

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$ 96,295.69

Debtor

Zomer LLC
Name

Case number (if known)

Part 1: Additional PageColumn A
Amount of claimDo not deduct the value
of collateral.Column B
Value of collateral
that supports this
claim

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2. Creditor's name <u>U.S. Small Business Administration</u> Creditor's mailing address <u>Office of General Counsel</u> <u>312 N. Spring St., 5th Floor</u> <u>Los Angeles, CA 90012</u> Creditor's email address, if known _____ Date debt was incurred <u>5/22/2020</u> Last 4 digits of account number <u>7800</u> Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____ _____ _____ <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	Describe debtor's property that is subject to a lien <u>All Assets</u> \$ <u>90,000.00</u> \$ <u>0.00</u> Describe the lien _____ Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H). As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
---	--

2. Creditor's name _____ Creditor's mailing address _____ _____ _____ Creditor's email address, if known _____ Date debt was incurred _____ Last 4 digits of account number _____ Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____ _____ _____ <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	Describe debtor's property that is subject to a lien _____ \$ _____ \$ _____ Describe the lien _____ Is the creditor an insider or related party? <input type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H). As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
---	---

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

page ____ of ____

Fill in this information to identify the case:

Debtor Zomer LLC

United States Bankruptcy Court for the: District of Nevada District of Nevada
(State)

Case number _____
(If known)

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☒ No. Go to Part 2.

☐ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

2.1 Priority creditor's name and mailing address

As of the petition filing date, the claim is: \$ _____

Total claim

Priority amount

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number _____

Is the claim subject to offset?

- ☐ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)

2.2 Priority creditor's name and mailing address

As of the petition filing date, the claim is: \$ _____

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number _____

Is the claim subject to offset?

- ☐ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)

2.3 Priority creditor's name and mailing address

As of the petition filing date, the claim is: \$ _____

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number _____

Is the claim subject to offset?

- ☐ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address American Express Attn: Bankruptcy Dept/Managing Agent PO BOX 60189 City of Industry, CA 91716-0189 Date or dates debt was incurred <u>2023/2024</u> Last 4 digits of account number <u>4 0 0 5</u>	As of the petition filing date, the claim is: \$ <u>33,983.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Charge Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.2	Nonpriority creditor's name and mailing address American Express Attn: Bankruptcy Dept/Managing Agent PO BOX 60189 City of Industry, CA 91716-0189 Date or dates debt was incurred <u>2024</u> Last 4 digits of account number <u>2 0 0 1</u>	As of the petition filing date, the claim is: \$ <u>Unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Charge Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.3	Nonpriority creditor's name and mailing address Chase Card Member Service Attn: Bankruptcy Dept/Managing Agent PO BOX 6294 Carol Stream, IL 60197-6294 Date or dates debt was incurred <u>2023/2024</u> Last 4 digits of account number <u>0 8 4 4</u>	As of the petition filing date, the claim is: \$ <u>43,173.88</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Charge Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.4	Nonpriority creditor's name and mailing address Chase Card Member Service Attn: Bankruptcy Dept/Managing Agent PO BOX 6294 Carol Stream, IL 60197-6294 Date or dates debt was incurred <u>2023/2024</u> Last 4 digits of account number <u>7 3 2 4</u>	As of the petition filing date, the claim is: \$ <u>26,754.10</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Charge Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.5	Nonpriority creditor's name and mailing address Southwest Rapid Rewards Att: Bankruptcy Dept/Managing Agent PO BOX 15298 Wilmington, DE 19850-5298 Date or dates debt was incurred <u>2023/2024</u> Last 4 digits of account number <u>5 5 3 4</u>	As of the petition filing date, the claim is: \$ <u>23,613.94</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Charge Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.6	Nonpriority creditor's name and mailing address Southwest Rapid Rewards Att: Bankruptcy Dept/Managing Agent PO BOX 15298 Wilmington, DE 19850-5298 Date or dates debt was incurred <u>2023/2024</u> Last 4 digits of account number <u>8 0 5 3</u>	As of the petition filing date, the claim is: \$ <u>10,175.90</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Charge Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.7	Nonpriority creditor's name and mailing address Home Depot Credit Services Attn: Managing Member PO BOX 78047 Phoenix, AZ 85062-8047	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed	\$ 25,000.00
	Date or dates debt was incurred <u>2024</u> Last 4 digits of account number <u>5 1 9 9</u>	Basis for the claim: <u>Charge Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.8	Nonpriority creditor's name and mailing address CitiFinancial Servicing Attn: Bankruptcy Dept/Managing Agent PO BOX 6771 Sioux Falls, SD 57117	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 12,966.95
	Date or dates debt was incurred <u>2023/2024</u> Last 4 digits of account number <u>7 4 6 5</u>	Basis for the claim: <u>Charge Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.9	Nonpriority creditor's name and mailing address Truist Financial Corporation (Lightstream) Attn: Bankruptcy Dept/Managing Agent PO Box 117320 Atlanta, GA 30368-7320	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 1,090.39
	Date or dates debt was incurred <u>8/14/2018</u> Last 4 digits of account number <u>2 3 9 8</u>	Basis for the claim: <u>Charge Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.10	Nonpriority creditor's name and mailing address Chase Sapphire Reserve Attn: Bankruptcy Dept/Managing Agent PO BOX 15298 Wilmington, DE 19850	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 24,778.88
	Date or dates debt was incurred <u>2023/2024</u> Last 4 digits of account number <u>1 9 4 8</u>	Basis for the claim: <u>Charge Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.11	Nonpriority creditor's name and mailing address Best Buy Credit Services Attn: Bankruptcy Dept/ Managing Agent PO BOX 6204 SIOUX FALLS, SD 57117-6204	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 3,229.22
	Date or dates debt was incurred <u>2023/2024</u> Last 4 digits of account number <u>7 9 5 2</u>	Basis for the claim: <u>Charge Account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.12 Nonpriority creditor's name and mailing address

Cordan Electric (Cordan LLC)
Attn: Bankruptcy Dept/Managing Agent
8125 Eagle Clan Ct,
Las Vegas, Nevada 89131

As of the petition filing date, the claim is:

\$ 21,902.75

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☐ Liquidated and neither contingent nor disputed

Basis for the claim: Vendor bill owed

Date or dates debt was incurred

2022/2023

Last 4 digits of account number

Zomer

Is the claim subject to offset?

- ☒ No
☐ Yes

3.13 Nonpriority creditor's name and mailing address

Pedraza Law Services
Attn Bankruptcy Dept/Managing Agent
1517 Silver Mesa Way
Las Vegas, NV 89169

As of the petition filing date, the claim is:

\$ 10,111.24

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Vendor bill owed

Date or dates debt was incurred

2024

Last 4 digits of account number

Zomer

Is the claim subject to offset?

- ☒ No
☐ Yes

3.14 Nonpriority creditor's name and mailing address

Lori Spencer Accounting
628 Avenue M
Boulder City, NV 89005

As of the petition filing date, the claim is:

\$ 16,500.00

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Vendor bill owed

Date or dates debt was incurred

2022/2023/2024

Last 4 digits of account number

Zomer

Is the claim subject to offset?

- ☒ No
☐ Yes

3.15 Nonpriority creditor's name and mailing address

Juan Alvarez granite installer
3840 Mountain Trail
Las Vegas, NV 89108

As of the petition filing date, the claim is:

\$ 2,160.00

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Vendor bill owed

Date or dates debt was incurred

2024

Last 4 digits of account number

Zomer

Is the claim subject to offset?

- ☒ No
☐ Yes

3.16 Nonpriority creditor's name and mailing address

State of Nevada Controllers Office
Attn: Collections Department
101 N Carson St, Suite 5
Carson City, NV 89701

As of the petition filing date, the claim is:

\$ 2,437.75

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Fine

Date or dates debt was incurred

2024

Last 4 digits of account number

Zomer

Is the claim subject to offset?

- ☒ No
☐ Yes

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.17 Nonpriority creditor's name and mailing address
Phillip Trenchak Attorney

Attn: Phillip Trenchak
1614 S Maryland Pkwy
Las Vegas, 89104

As of the petition filing date, the claim is:
Check all that apply.

\$ 42,922.66

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☐ Liquidated and neither contingent nor disputed

Basis for the claim: Fees billed for services rendered

Date or dates debt was incurred 2024

Is the claim subject to offset?

Last 4 digits of account number Zsolt Szorenyi

- ☒ No
☐ Yes

3.18 Nonpriority creditor's name and mailing address
Matthew Friedman Attorney

Attn: Matthew Friedman
2200 Paseo Verde #350
Henderson, NV 89052

As of the petition filing date, the claim is:
Check all that apply.

\$ 100,000.0.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Fees billed for services rendered

Date or dates debt was incurred 2024

Is the claim subject to offset?

Last 4 digits of account number Mercedes Tan

- ☒ No
☐ Yes

3. Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:
Check all that apply.

\$ _____

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _____

Date or dates debt was incurred _____

Is the claim subject to offset?

Last 4 digits of account number _____

- ☐ No
☐ Yes

3. Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:
Check all that apply.

\$ _____

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _____

Date or dates debt was incurred _____

Is the claim subject to offset?

Last 4 digits of account number _____

- ☐ No
☐ Yes

3. Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:
Check all that apply.

\$ _____

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _____

Date or dates debt was incurred _____

Is the claim subject to offset?

Last 4 digits of account number _____

- ☐ No
☐ Yes

Part 3:**List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	____ _
4.2. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	____ _
4.3. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	____ _
4.4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	____ _
4.5. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	____ _
4.6. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	____ _
4.7. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	____ _
4.8. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	____ _
4.9. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	____ _
4.10. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	____ _
4.11. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	____ _

Part 3: Additional Page for Others to Be Notified About Unsecured Claims

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

Total of claim amounts

5a. Total claims from Part 1

5a.

\$ 0.00

5b. Total claims from Part 2

5b.

+

\$ 400,000.66

5c. Total of Parts 1 and 2

5c.

\$ 400,000.66

Lines 5a + 5b = 5c.

Fill in this information to identify the case:

Debtor name Zomer LLC

United States Bankruptcy Court for the: District of Nevada District of Nevada
(State)

Case number (If known): _____ Chapter _____

☐ Check if this is an amended filing

Official Form 206G**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

- ☒ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
- ☐ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1	State what the contract or lease is for and the nature of the debtor's interest	_____	_____
	State the term remaining	_____	_____
	List the contract number of any government contract	_____	_____
2.2	State what the contract or lease is for and the nature of the debtor's interest	_____	_____
	State the term remaining	_____	_____
	List the contract number of any government contract	_____	_____
2.3	State what the contract or lease is for and the nature of the debtor's interest	_____	_____
	State the term remaining	_____	_____
	List the contract number of any government contract	_____	_____
2.4	State what the contract or lease is for and the nature of the debtor's interest	_____	_____
	State the term remaining	_____	_____
	List the contract number of any government contract	_____	_____
2.5	State what the contract or lease is for and the nature of the debtor's interest	_____	_____
	State the term remaining	_____	_____
	List the contract number of any government contract	_____	_____

Fill in this information to identify the case:

Debtor name Zomer LLC

United States Bankruptcy Court for the: District of Nevada District of Nevada
(State)

Case number (if known): _____

☐ Check if this is an amended filing

Official Form 206H

Schedule H: Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

- ☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, **Schedules D-G**. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor			Column 2: Creditor	
Name	Mailing address		Name	Check all schedules that apply:
2.1 Mercedes Tan	1940 Canvas Edge Dr Street Henderson NV 89044 City State ZIP Code		American Express	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F 3.1/3.2 <input type="checkbox"/> G
2.2 Zsolt Szorenyi	PO BOX 778367 Street Henderson NV 89077 City State ZIP Code		Chase Card Member Service	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F 3.3/3.4 <input type="checkbox"/> G
2.3 Zsolt Szorenyi	PO BOX 778367 Street Henderson NV 89077 City State ZIP Code		Southwest Rapid Rewards	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F 3.5/3/6 <input type="checkbox"/> G
2.4 Zsolt Szorenyi	PO BOX 778367 Street Henderson NV 89077 City State ZIP Code		Home Depot Credit Services	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F 3.7 <input type="checkbox"/> G
2.5 Zsolt Szorenyi	PO BOX 778367 Street Henderson NV 89077 City State ZIP Code		CitiFinancial Services	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F 3.8 <input type="checkbox"/> G
2.6 Zsolt Szorenyi	PO BOX 778367 Street Henderson NV 89077 City State ZIP Code		Truist Financial Corporation	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F 3.9 <input type="checkbox"/> G

Debtor

Zomer LLC
Name

Case number (if known)

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

Name

Mailing address

Name

Check all schedules
that apply:

2.7 Mercedes Tan 1940 Canvas Edge Dr Chase Sapphire Reserve ☐ D
Street ☒ E/F 3.10
☐ G
Henderson NV 89044
City State ZIP Code

2.8 Zsolt Szorenyi PO BOX 778367 Best Buy Credit Services ☐ D
Street ☒ E/F 3.11
☐ G
Henderson NV 89077
City State ZIP Code

2.9 Zsolt Szorenyi PO BOX 778367 Cordan Electric (Cordan LLC) ☐ D
Street ☒ E/F 3.12
☐ G
Henderson NV 89077
City State ZIP Code

2.10 Zsolt Szorenyi PO BOX 778367 Pedraza Law Services ☐ D
Street ☒ E/F 3.13
☐ G
Henderson NV 89077
City State ZIP Code

2.11 Zsolt Szorenyi PO BOX 778367 Lori Spencer Accounting ☐ D
Street ☒ E/F 3.14
☐ G
Henderson NV 89077
City State ZIP Code

2.12 Zsolt Szorenyi PO BOX 778367 Juan Alvarez granite installer ☐ D
Street ☒ E/F 3.15
☐ G
Henderson NV 89077
City State ZIP Code

2.13 Zsolt Szorenyi PO BOX 778367 State of Nevada Controllers Office ☐ D
Street ☒ E/F 3.16
☐ G
Henderson NV 89077
City State ZIP Code

2.14 Zsolt Szorenyi PO BOX 778367 Phillip Trenchak Attorney ☐ D
Street ☒ E/F 3.17
☐ G
Henderson NV 89077
City State ZIP Code

Debtor

Zomer LLC

Name

Case number (if known)

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor**Column 2: Creditor**

Name

Mailing address

Name

Check all schedules
that apply:

2.15 Mercedes Tan

1940 Canvas Edge Dr

Matthew Friedman Attorney

Street

☐ D
☒ E/F 3.18
☐ G

Henderson

NV

89044

City

State

ZIP Code

2.____

Street

☐ D
☐ E/F
☐ G

City

State

ZIP Code

2.____

Street

☐ D
☐ E/F
☐ G

City

State

ZIP Code

2.____

Street

☐ D
☐ E/F
☐ G

City

State

ZIP Code

2.____

Street

☐ D
☐ E/F
☐ G

City

State

ZIP Code

2.____

Street

☐ D
☐ E/F
☐ G

City

State

ZIP Code

2.____

Street

☐ D
☐ E/F
☐ G

City

State

ZIP Code

2.____

Street

☐ D
☐ E/F
☐ G

City

State

ZIP Code

Fill in this information to identify the case and this filing:

Debtor Name _____

United States Bankruptcy Court for the: _____ District of _____
(State)

Case number (if known): _____

Official Form 202**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule _____
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☒ Other document that requires a declaration Official form 207

I declare under penalty of perjury that the foregoing is true and correct.

Executed on

6/21/2024
MM/DD/YYYY

x

Signature of individual signing on behalf of debtor

ZSOLT SZORBANYI
Printed name

MANAGER
Position or relationship to debtor

Fill in this information to identify the case:

Debtor name Zomer LLC

United States Bankruptcy Court for the: District of Nevada District of Nevada
(State)

Case number (if known): _____

☐ Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/22

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

☐ None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue
Check all that apply

Gross revenue
(before deductions and exclusions)

From the beginning of the fiscal year to filing date: From 1/1/2024 to Filing date
MM/DD/YYYY

☒ Operating a business
☐ Other _____

\$ 411,947.19

For prior year: From 1/1/2023 to 12/31/2023
MM/DD/YYYY MM/DD/YYYY

☒ Operating a business
☐ Other _____

\$ 938,370.54

For the year before that: From 1/1/2022 to 12/31/2022
MM/DD/YYYY MM/DD/YYYY

☒ Operating a business
☐ Other _____

\$ 1,766,714.47

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)

From the beginning of the fiscal year to filing date: From _____ to Filing date
MM/DD/YYYY

\$ _____

For prior year: From _____ to _____
MM/DD/YYYY MM/DD/YYYY

\$ _____

For the year before that: From _____ to _____
MM/DD/YYYY MM/DD/YYYY

\$ _____

Debtor

Zomer LLC
Name

Case number (if known) _____

Part 2: List Certain Transfers Made Before Filing for Bankruptcy**3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☒ None

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. Creditor's name _____ Street _____ City _____ State _____ ZIP Code _____	_____	\$ _____	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.2. Creditor's name _____ Street _____ City _____ State _____ ZIP Code _____	_____	\$ _____	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None

Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.1. Insider's name _____ Street _____ City _____ State _____ ZIP Code _____ Relationship to debtor _____	_____	\$ _____	_____
4.2. Insider's name _____ Street _____ City _____ State _____ ZIP Code _____ Relationship to debtor _____	_____	\$ _____	_____

Debtor Zomer LLC
Name

Case number (if known) _____

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Description of the property	Date	Value of property
5.1. Creditor's name _____ Street _____ City _____ State _____ ZIP Code _____	_____	_____	\$ _____
5.2. Creditor's name _____ Street _____ City _____ State _____ ZIP Code _____	_____	_____	\$ _____

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
Creditor's name _____ Street _____ City _____ State _____ ZIP Code _____	_____	_____	\$ _____
Last 4 digits of account number: XXXX- ____ - ____ - ____			

Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None

Case title	Nature of case	Court or agency's name and address	Status of case
7.1. Small Case Lawsuit	Client refused to pay	Las Vegas Justice Court Name 200 Lewis Ave Street Las Vegas NV 89101 City State ZIP Code	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number 24A001048			
7.2.		Court or agency's name and address Name Street City State ZIP Code	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case title			
Case number			

Debtor

Zomer LLC
Name

Case number (if known) _____

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

Custodian's name and address

Description of the property

Value

\$ _____

Custodian's name

Case title

Court name and address

Street

Name

Case number

Street

City State ZIP Code

Date of order or assignment

City State ZIP Code

Part 4: Certain Gifts and Charitable Contributions**9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**☒ None

Recipient's name and address

Description of the gifts or contributions

Dates given

Value

9.1. Recipient's name

\$ _____

Street

City State ZIP Code

Recipient's relationship to debtor

9.2. Recipient's name

\$ _____

Street

City State ZIP Code

Recipient's relationship to debtor

Part 5: Certain Losses**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**☒ None

Description of the property lost and how the loss occurred

Amount of payments received for the loss

Date of loss

Value of property lost

If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.

List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).

\$ _____

Debtor Zomer LLC Case number (if known) _____
 Name

Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☒ None

	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.1.	_____	_____	_____	\$ _____
	Address _____	_____		
	Street _____			
	City _____ State _____ ZIP Code _____			
	Email or website address _____			
	Who made the payment, if not debtor? _____			

	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.2.	_____	_____	_____	\$ _____
	Address _____	_____		
	Street _____			
	City _____ State _____ ZIP Code _____			
	Email or website address _____			
	Who made the payment, if not debtor? _____			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
_____	_____	_____	\$ _____
Trustee _____	_____		

Debtor Zomer LLC Case number (if known) _____
 Name

13. Transfers not already listed on this statement

List any transfers of money or other property—by sale, trade, or any other means—made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None

	Who received transfer?	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.1.	_____	_____	_____	\$ _____
	Address _____ Street _____ City State ZIP Code _____ Relationship to debtor _____			
13.2.	_____	_____	_____	\$ _____
	Address _____ Street _____ City State ZIP Code _____ Relationship to debtor _____			

Part 7: Previous Locations**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

	Address	Dates of occupancy
14.1.	6255 McLeod Dr #19 Street Las Vegas NV 89121 City State ZIP Code	From 11/15/2019 To 11/15/2022
14.2.	_____ Street _____ City State ZIP Code	From _____ To _____

Debtor Zomer LLC
Name

Case number (if known) _____

Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☒ No. Go to Part 9.
- ☐ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.1. _____ Facility name _____ Street _____ City State ZIP Code	_____ Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. _____	_____ How are records kept? Check all that apply: <input type="checkbox"/> Electronically <input type="checkbox"/> Paper
15.2. _____ Facility name _____ Street _____ City State ZIP Code	_____ Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. _____	_____ How are records kept? Check all that apply: <input type="checkbox"/> Electronically <input type="checkbox"/> Paper

Part 9: Personally Identifiable Information**16. Does the debtor collect and retain personally identifiable information of customers?**

- ☒ No.
- ☐ Yes. State the nature of the information collected and retained. _____
 Does the debtor have a privacy policy about that information?
☐ No
☐ Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☒ No. Go to Part 10.
- Yes. Does the debtor serve as plan administrator?
☐ No. Go to Part 10.
☐ Yes. Fill in below:
 Name of plan _____ Employer identification number of the plan
 EIN: _____ - _____
 Has the plan been terminated?
☐ No
☐ Yes

Debtor Zomer LLC Case number (if known) _____
 Name

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

	Financial institution name and address	Last 4 digits of account number	Type of account	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1.	Name _____ Street _____ City _____ State _____ ZIP Code _____	XXXX-____-____-____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	\$ _____
18.2.	Name _____ Street _____ City _____ State _____ ZIP Code _____	XXXX-____-____-____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	\$ _____

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
Name _____ Street _____ City _____ State _____ ZIP Code _____	_____ _____ Address _____ _____	_____ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
Stor-It Mini Warehouse Name 3380 Arville St 3-37 Street Las Vegas NV 89102 City State ZIP Code	Zsolt Szorenyi _____ Address PO BOX 778367 Henderson, NV 89077	Tools, parts, holiday decorations _____ _____	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

(Type text here)

Debtor

Zomer LLC

Name

Case number (if known)

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

Owner's name and address	Location of the property	Description of the property	Value
Name			\$
Street			
City State ZIP Code			

Part 12: Details About Environmental Information

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- *Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

☒ No

☐ Yes. Provide details below.

Case title	Court or agency name and address	Nature of the case	Status of case
Case number	Name		<input type="checkbox"/> Pending
	Street		<input type="checkbox"/> On appeal
	City State ZIP Code		<input type="checkbox"/> Concluded

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

☒ No

☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name	Name		
Street	Street		
City State ZIP Code	City State ZIP Code		

Debtor Zomer LLC
Name

Case number (if known) _____

24. Has the debtor notified any governmental unit of any release of hazardous material?☒ No☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name _____	Name _____	_____	_____
Street _____	Street _____	_____	
City _____ State _____ ZIP Code _____	City _____ State _____ ZIP Code _____		

Part 13: Details About the Debtor's Business or Connections to Any Business**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☒ None

	Business name and address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN. EIN: _____ - _____ Dates business existed From _____ To _____
25.1.	Name _____ Street _____ City _____ State _____ ZIP Code _____	Gift basket business _____ _____	
25.2.	Name _____ Street _____ City _____ State _____ ZIP Code _____	_____ _____ _____	
25.3.	Name _____ Street _____ City _____ State _____ ZIP Code _____	_____ _____ _____	

Debtor Zomer LLC Case number (if known) _____
 Name

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address

Dates of service

From 2016 To PRESENT

26a.1. Lori Spencer

Name

Street

628 Avenue M

Boulder City,

NV

89005

City

State

ZIP Code

Name and address

Dates of service

From 2016 To PRESENT

26a.2. Jack & Co., Ltd. Mia Jack

Name

6206 W Desert Inn Road Suite A

Street

Las Vegas,

NV

89146

City

State

ZIP Code

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☐ None

Name and address

Dates of service

From 2016 To PRESENT

26b.1. Jack & Co., Ltd. Mia Jack

Name

6206 W Desert Inn Road Suite A

Street

Las Vegas,

NV

89146

City

State

ZIP Code

Name and address

Dates of service

From _____ To _____

26b.2.

Name

Street

City

State

ZIP Code

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

Name and address

If any books of account and records are unavailable, explain why

26c.1. Zsolt Szorenyi

Name

PO BOX 778367

Street

Henderson,

NV

89077

City

State

ZIP Code

Debtor

Zomer LLC
Name

Case number (if known) _____

Name and addressIf any books of account and records are
unavailable, explain why

26c.2.

Mercedes Tan

Name

1940 Canvas Edge Dr

Street

Henderson

NV

89044

City

State

ZIP Code

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None
Name and address

26d.1.

Name

Street

City

State

ZIP Code

Name and address

26d.2.

Name

Street

City

State

ZIP Code

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No

☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory

Date of
inventoryThe dollar amount and basis (cost, market, or
other basis) of each inventory

\$ _____

Name and address of the person who has possession of inventory records

27.1.

Name

Street

City

State

ZIP Code

Debtor Zomer LLC Case number (if known) _____
 Name

Name of the person who supervised the taking of the inventory

Date of
inventory

The dollar amount and basis (cost, market, or
other basis) of each inventory

\$ _____

Name and address of the person who has possession of inventory records

27.2.

Name

Street

City

State

ZIP Code

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name

Address

Position and nature of any
interest
Manager

% of interest, if any
50%

Zsolt Szorenyi

PO BOX 778367

Henderson, NV 89077

Mercedes Tan

1940 Canvas Edge Dr

Manager

50%

Henderson NV 89044

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

☒ No

☐ Yes. Identify below.

Name

Address

Position and nature of
any interest

Period during which
position or interest was
held

From _____ To _____

From _____ To _____

From _____ To _____

From _____ To _____

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☐ No

☒ Yes. Identify below.

Name and address of recipient

Amount of money or
description and value of
property

Dates

Reason for
providing the value

30.1.

Mercedes Tan

\$8,480

2/27/2024

Stolen by
Mercedes Tan
via Zelle

Name

1940 Canvas Edge Dr

Street

4/15/2024

Henderson

NV

89044

City

State

ZIP Code

Relationship to debtor
estranged wife

Debtor

Zomer LLC

Name

Case number (if known)

Name and address of recipient

30.2

Name

Street

City

State

ZIP Code

Relationship to debtor

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

☒ No☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

EIN: _ _ - _ _ _ _ _

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

☒ No☐ Yes. Identify below.

Name of the pension fund

Employer Identification number of the pension fund

EIN: _ _ - _ _ _ _ _

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both.
18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 6/21/2024
MM / DD / YYYY

X

Signature of individual signing on behalf of the debtor

Printed name Zsolt SzorenyiPosition or relationship to debtor ManagerAre additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?☒ No☐ Yes

NVB 1007-1 (Rev. 12/15)

1 Name, Address, Telephone No., Bar Number, Fax No. & E-mail address

2

3

4

UNITED STATES BANKRUPTCY COURT

5

DISTRICT OF NEVADA

6

7 In re: *(Name of Debtor)*

BK-

8 ZOMER LLC

Chapter: 7

9

VERIFICATION OF CREDITOR MATRIX

10

Debtor(s)

11

12 The above named Debtor hereby verifies that the attached list of creditors is true and correct to
13 to the best of his/her knowledge.

14

15

Date 6/21/2024

Signature

16

17

18

Date

Signature

19

20

21

22

23

24

25

26

27

28

American Express
Attn: Bankruptcy Dept/Managing agent
PO BOX 60189
City of Industry, CA 91716-0189

Chase Card Member Service
Attn: Bankruptcy Dept/Managing agent
PO BOX 6294
Carol Stream, IL 60197-6294

Southwest Rapid Rewards
Attn: Bankruptcy Dept/Managing agent
PO BOX 15298
Wilmington, DE 19850-5298

Home Depot Credit Services
Attn: Managing Member
PO BOX 78047
Phoenix, AZ 85062-8047

Citi Financial Servicing
Attn: Bankruptcy Dept/Managing agent
PO BOX 6771
Sioux Falls, SD 57117

Truist Financial Corporation
Attn: Bankruptcy Dept/Managing agent
PO BOX 117320
Atlanta, GA 30368-7320

Chase Sapphire Reserve
Attn: Bankruptcy Dept/Managing agent
PO BOX 15298
Wilmington, DE 19850

Best Buy Credit Services
Attn: Bankruptcy Dept/Managing agent
PO BOX 6204
Sioux Falls, SD 57117-6204

Cordan LLC
Attn: Bankruptcy Dept/Managing agent
8125 Eagle Clan Ct
Las Vegas, NV 89131

Pedraza Lawn Services
Attn: Bankruptcy Dept/Managing agent
1517 Silver mesa Way
Las Vegas, NV 89169

Lori Spencer
Attn: Bankruptcy Dept/Managing agent
628 Avenue M
Boulder City, NV 89005

Juan Alvarez
Attn: Bankruptcy Dept/Managing agent
3840 Mountain trail
Las Vegas, NV 89108

State of Nevada Controllers Office
Attn: Collections Department
101 N Carson St, Suite 5
Carson City, NV 89701

Phillip Trenchak
Attn: Bankruptcy Dept/Managing agent
1614 S Maryland Pkwy
Las Vegas, NV 89104

Matthew Friedman
Attn: Bankruptcy Dept/Managing agent
2200 Paseo Verde Pkwy#350
Henderson, NV 89002

MB Financial Services
Attn: Bankruptcy Dept/Managing agent
14372 heritage Pkwy
Fort Worth, TX 76177

US Small Business Administration
Office of General Counsel
312 N Spring St, 5th Floor
Los Angeles, CA 90012

Zomer LLC
1940 Canvas Edge Dr
Henderson, NV 89044

Clark County Assessor
c/o Bankruptcy Clerk
500 S Grand Central Pkwy
PO BOX 551401
Las Vegas, NV 89155

Social Security Administration
Office of the General Counsel
Office of program Lit. Attn: bankruptcy
6401 Security Blvd
Baltimore, MD 21235

Internal Revenue Service
Attn: Bankruptcy Dept/Managing agent
PO BOX 7346
Philadelphia, PA 19101

Dept of Empl, Training & Rehab
Employment Security Division
500 East Third Street
Carson City, NV 89713

Clark County Treasurer
c/o Bankruptcy Clerk
500 Grand central Pkwy
PO BOX 551220
Las Vegas, NV 89155

Nevada Department of Taxation
Bankruptcy Section
555 E Washington Ave #1300
Las Vegas, NV 89101